



# NJ GEAR UP College Enrollment Status Form

Students who are eligible for the NJ GEAR UP State Project Scholarship must complete and fax (or mail) this form prior to each academic year that they are enrolled in college in New Jersey and wish to be considered for a NJ GEAR UP scholarship award. This form must be re-submitted if the student transfers to a different institution.

**Deadline for submission of this form is June 1<sup>st</sup> for the fall semester of the next academic year and November 1<sup>st</sup> for Spring-only students.**

Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address/City/State/ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

If your name has changed since 2000, write the old name: \_\_\_\_\_

### Family Educational Rights Privacy Act (FERPA) Permission to Release Information

In compliance with the FERPA, Federal Family Educational Rights and Privacy Act of 1974 as amended, information held by your college may not be released to a third party without written permission. To grant College Bound/NJ GEAR UP access to your information, please complete and sign: I, \_\_\_\_\_, authorize College Bound/NJ GEAR UP to have access to my educational records, including my college/ university academic, financial, and enrollment records, and to share my financial information and social security number with their banking institutions to facilitate the processing of any scholarship awards.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### IF STUDENT IS NOT YET 18 YEARS OLD:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent SS# \_\_\_\_\_

Indicate for which semester(s) you are completing this form (check all that apply):  Fall  
 Spring

At which institution are you enrolled? \_\_\_\_\_

Are you enrolled at a particular campus of the institution?: \_\_\_\_\_

Degree program: \_\_\_\_\_ Major: \_\_\_\_\_

Have you earned a degree since 2000?  Yes  No

If yes: Degree earned: \_\_\_\_\_ Major: \_\_\_\_\_ Date earned: \_\_\_\_\_

Institution: \_\_\_\_\_

How many college semesters have you completed?: \_\_\_\_\_

Please **FAX** this form to GEAR UP at (609) 292-7225, **OR MAIL IT TO:**  
NJ GEAR UP, NJ Commission on Higher Education, P.O. Box 542, Trenton, NJ 08625-0542